

CIGARETTE STAMP ORDER

FOR DRA USE ONLY

Indicate CASH ☐ or CHARGE ☐

Date _____

From: ACCOUNT NUMBER _____

Name of Wholesaler _____

Street _____

City or Town _____

State and Zip Code _____

REQUISITION NO. _____

FILLED BY _____

RECEIPT FOR STAMPS
(To be signed at time of delivery)

Date _____

The undersigned has received the stamps
listed on this form.

QUANTITY	DENOMINATION	AMOUNT
	A Stamps @ _____ ¢/STAMP	
	B Stamps @ _____ ¢/STAMP	

ROLL NUMBERS:

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

Total

Discount *

Net

THIS REQUISITION MUST BE SIGNED BELOW

(Please type or print Licensee or authorized Agent)

******* NOTICE *******

1. Upon completing the form, the wholesaler will keep the goldenrod copy (4th copy) for their records, and forward the original, canary and pink copies to the Collection Division at the above address.
2. Upon completion of order processing, the Collection Division will return the pink copy with the order.
3. Cash purchases must be by cash, money order, cashier's check or certified check made payable to the State of New Hampshire.
4. Charge purchases cannot exceed 75% of the posted bond and payments are due within 30 days of the date the order is set, including the setting date. Make checks payable to the State of New Hampshire.
5. Stamps which are shipped are done at the wholesaler's expense and risk.

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COLLECTION DIVISION
45 Chenell Drive, P.O. Box 454
Concord, N.H. 03302-0454
Tele. (603) 271-3701